PTO/SB/22 (07-09)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1. FY 2009 | 136(a) Docket Number (Optional) 17587-00018-US |
|---|---|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. Application Number 09/888,824-Conf. #9749 | Filed June 25, 2001 |
| | |
| For METHOD FOR TESTING A SUBSTANCE WHICH IS POTENTIALLY ACTIVE IN THE FIRLD OF LIPOLYSIS AND ITS MAINLY COSMETIC USE | |
| Art Unit 1651 | Examiner S. M. Hanley |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | |
| <u>Fee</u> | Small Entity Fee |
| One month (37 CFR 1.17(a)(1)) \$130 | \$65 \$ |
| Two months (37 CFR 1.17(a)(2)) \$490 | \$245 \$ |
| Three months (37 CFR 1.17(a)(3)) \$1110 | \$555 \$ |
| x Four months (37 CFR 1.17(a)(4)) \$1730 | \$865 \$ 1,730.00 |
| Five months (37 CFR 1.17(a)(5)) \$2350 | \$1175 \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | |
| A check in the amount of the fee is enclosed. | |
| x Payment by credit card. Form PTO-2038 is attached. | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | |
| Deposit Account Number 03-2775 . | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | |
| I am the applicant/inventor. | |
| assignee of record of the entire interest. See 37 CFR 3.71. | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| attorney or agent of record. Registration | Number 55,841 |
| attorney or agent under 37 CFR 1.34. | |
| Registration number if acting under 37 CF | R 1.34 |
| /Eamonn P. Morrison/ | May 9, 2011 |
| Signature Date | |
| Eamonn P. Morrison | (302) 658-9141 |
| Typed or printed name Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | |
| X Total of forms are submitted. | |